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18 JUN 11 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400314573324
06/11/18 --01032--020 **1950.00

DOCUMENT # P02000091554

1. Corporation Name

P.A.T. investments, INC.

2. Principal Office Address - No P.O. Box #: 20900 NE 30 AV
Suite, Apt. # etc.: 515
City & State: Aventura, Fl
Zip: 33180 County: Dade

3. Mailing Office Address: 20900 NE 30 AV
Suite, Apt. # etc.: 515
City & State: Aventura, Fl
Zip: 33180 County: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 08-22-2002

5. FEI Number: 58-2677832 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Leyla Osorio
Street Address - P.O. Box Number is Not Acceptable: 20900 NE 30 AVENUE
Suite, Apt. # etc.: # 515
City: Aventura State: FL Zip Code: 33180

8. I hereby accept the appointment as registered agent ... of the above named corporation ... and ... with ... the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date:

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	Leyla Osorio	20900 NE 30 AV # 515	Aventura, Fl 33180

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. ... the reason for ... has been eliminated, the corporate name satisfies the requirements of section 607.0401 ... and that all fees ... by the corporation have been paid. I further certify that the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T MOORE